

**SUPPLEMENTAL QUESTIONNAIRE
CLINICAL NURSE, GS-610-09/10**

1. **KNOWLEDGE OF ADVANCED NURSING PRACTICE.** This is the knowledge of the full scope of advanced nursing practices and skills. This includes the knowledge of advance assessments and nursing management of age specific patients with multiple system complications. Also included is the ability and knowledge to apply advanced nursing interventions within the specific nursing specialty area(s), according to specific policies, procedures and standards of patient care. What in your background shows you possess this ability?

What was the duration of these activities?

Who can verify this information? (Please provide a telephone number.)

2. **ABILITY TO COMMUNICATE ORALLY AND/OR IN WRITING.** This is the ability to obtain and convey information related to patient care and for the purpose of assessing the nursing unit to establish priorities. This includes documenting and conveying medical procedures and standards of patient care by educating and counseling patients and families. What in your background shows that you possess this ability?

What was the duration of these activities?

Who can verify this information? (Please provide a telephone number.)

3. ABILITY TO PROVIDE LEADERSHIP. This is the ability to lead and motivate a wide variety of employees including health care professionals and all support staff. This includes the ability to plan and implement change as well as respond to changes in processes, procedures and goals in a constructive manner to effect necessary modifications. The ability to function as a team member/leader and direct other team members and delegating appropriate task and duties is implied in this ability. What in your background shows you possess this ability?

What was the duration of these activities?

Who can verify this information? (Please provide a telephone number.)

4. KNOWLEDGE OF ADVANCE LEVEL OF EMERGENCY INTERVENTIONS. This is the knowledge of and ability to provide advance emergency measures through anticipation and intervention utilizing advanced nursing skills. This includes the knowledge of area specific advanced medication indications and therapies. Also included is the knowledge of and the ability to operate advanced medical equipment and its proper use and assist with invasive intervention. What in your background shows you possess this ability?

What was the duration of these activities?

Who can verify this information? (Please provide a telephone number.)

CERTIFICATION

I CERTIFY THAT ALL OF THE STATEMENTS MADE IN THE ABOVE QUESTIONNAIRE ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND ARE MADE IN GOOD FAITH.

Signature (SIGN IN INK)

Date